

Boy with new lung winks at father

FROM OUR CORRESPONDENT

EDINBURGH, MAY 17

Mr. Finlay Smith, father of Europe's first lung transplant patient, Alex Smith, aged 15, visited his son twice at Edinburgh Royal Infirmary today.

He saw his son through a window in the intensive-care unit where the boy has been kept since the operation on Wednesday. The boy winked cheerfully at his father through the window, and Mr. Smith said afterwards that he seemed to be "getting on fine".

The boy was transferred to the infirmary on Thursday last week from hospital at Stornoway, where he had been admitted after accidentally swallowing some weed-killer which resembles soft drink. His father explained today that the liquid had been in a lemonade bottle and had been placed in a locker of a barn by a brother of Alex.

The infirmary has received telephone calls from Australia, the United States, and Canada during the past 24 hours, reflecting the worldwide interest in the lung transplant operation.

It was carried out by a team of surgeons led by Mr. Andrew Logan on Wednesday, but it was not until late on Thursday that news of it came out. After that, except for a brief statement that the patient was satisfactory, an official blanket of secrecy was lowered. The donor of the lung is believed to have been a girl aged 18.

Today the regional hospital board issued a further statement:

"The condition of the patient continues to be satisfactory. Further daily bulletins will be issued about the patient's condition. The medical staff concerned have said that they are not prepared to take part in a press conference."

The boy is the youngest of a family of nine children. His home is at Breascleit, near Callernish, Isle of Lewis.

Our Science Correspondent writes:—

Additional interest attaches to the Edinburgh lung transplant because results on human patients—four failures so far out of four—have been less good than experience with lung transplants in animals had led surgeons to hope.

This difference in experience may be connected with the fact that in the lung operation various attachments have to be cut—including the lymphatic system, the vagus nerve and the little bronchial artery, one of two blood supplies to the lungs—and reliance has had to be placed on their joining up again satisfactorily.

A successful human operation, possibly involving improvements in technique based on previous experience, would therefore be doubly encouraging. Apart from the rejection problem, it looks as if two months will be needed to establish fully the success of the operation.

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